ORIGINAL ARTICLE

Patterns Of Psychiatric Referrals In A Tertiary Hospital

Niroula R[1], Chakrabortty PK[2], Thapa P[3], Khattri JB[4], Ramesh K[2]

1. Asst. professor, Department of Psychiatry, College Of Medical Sciences, Bharatpur, Nepal 2. Ex-Profesor, Department Of Psychiatry, Manipal College Of Medical Sciences, Pokhara, Nepal 3.Asst. Professor, Department Of Psychiatry, Manipal College Of medical Sciences, Pokhara, Nepal 4. Professor, Department Of Psychiatry, Manipal College Of medical Sciences, Pokhara, Nepal

*E-mail *Corresponding author :* dr.rijuniroula@gmail.com

Abstract

Introduction: *Consultation-Liaison Psychiatry (CLP) is a subspecialty of psychiatry that provides care to patients under non-psychiatric care. Despite evidence of benefits of CLP for patients with psychiatric comorbidities, referral rates from hospital doctors remain low. This has prompted the present study, to assess the frequency and the pattern of psychiatric referral in a tertiary hospital in Nepal.*

Material And Method: *This was a descriptive cross-sectional study conducted in a tertiary care hospital. The study comprised of 108 patients referred for psychiatric consultation from various out-patient departments (OPD) to C-L services of psychiatry department. Information was collected using semi-structured proforma, and diagnosis was made based on Diagnostic Criteria for Research (ICD-10 DCR)and the data were analyzed.*

Results: *A total of 108 patients, male 41(38%) and female: 67(62%) were referred to CLP, the Medicine department sent the maximum number of consultations (57.4%), followed by E.N.T (25.9%), Surgery (16.7%). Psychiatric consultation was sought for various reasons including decreased sleep (37%), appears anxious (27.8%), appears depressed (15.7%), foreign body sensation (11.1%), and mass moving in abdomen (8.3%).The most prevalent ICD-10 diagnosis was depressive episode (44.4%) followed by anxiety disorder (27.8%) and somatoform disorder (19.4%).*

Conclusion*: Our study illustrates the importance of CLP through referral pattern from various OPD in a tertiary care hospital. Majority of referrals were from Medicine department andthe most common reason of referral was decreased sleep. The commonest diagnosis seen in the referred out-patients was depression followed by anxiety disorder and somatoform disorder.*

Keywords: Consultation-Liaison Psychiatry, Psychiatric Referrals, Tertiary Care Hospital

INTRODUCTION

Consultation-Liaison Psychiatry (CLP)is defined as a subspecialty of psychiatry that provides psychiatric education and care to non-psychiatric departments of a general hospital.[1,2] The aim of CLP is to address the mental health needs of patients who are being treated in a non-psychiatric setting.[3] Psychiatric and medical illnesses are most common coexisting problems in patients in any general hospital setting. Thirty to sixty percent of general hospital patients have diagnosable psychiatric disorders. Non-psychiatrists frequently feel inadequacy in understanding and managing these psychiatric co-morbid states.[4]

Studies on teaching hospital patients have reported a low rate of psychiatric referral and various barriers to treatment. Stigma and negative attitudes among other doctors significantly affects the practice of consultation-liaison.[5,6] A survey of two developing towns in western Nepal revealed a high point prevalence 35.0% of conspicuous psychiatric morbidity.[7] In Kathmandu valley about 14.0% of the population have some kind of mental illness.[8] In western study also psychiatric disorder in community was found to be around 25%.[9] Despite being quite common, the co-occurring psychiatric/psychological conditions often go undetected or even at times are ignored.

However, their presence engenders various deleterious consequences. Chronic suffering, deterioration of physical and psychiatric condition, morbidity and even mortality has been well documented by careful studies. Timely identification of and intervention to such patients will not only enhance their recovery, prognosis but also will help to avoid unnecessary investigations and wastage of resources.[10] This has prompted the present study, to assess the frequency and the pattern of psychiatric referral in a tertiary hospital in Nepal.

MATERIAL AND METHOD

A hospital based, cross sectional, observational study was conducted in the out-patient department of Psychiatry, after obtaining approval from Institutional Ethical Board of Manipal Teaching Hospital, Pokhara, Nepal. The study population comprised of 108 patients of any age and gender, who were referred for psychiatric consultation from various out-patient departments regardless of their physical illness to C-L services of psychiatry department from July 2016 to July 2017.Any in-patient referral, referral from Emergency and patients who refuse to give consent were not enrolled in this study. The psychiatric evaluation and the diagnosis were made by the consultant psychiatrists from the department based on Diagnostic Criteria for Research (ICD-10 DCR) and the needful data were collected by using the semi- structured proforma and discussed.Data were analyzed using SPSS software. Descriptive analysis was performed, and mean and SD were calculated. The data were explained as mean± standard deviation (SD) wherever suitable.

RESULT

Total number of 108 patients was referred to the psychiatry from various departments during the study period. Among them 67 (62%) were females and 41 (38%) males. Mean and SD of age of patients was 35.50 ± 10.89 years. Majority of the patients referred were in the age group 30 to 45 years (43.5%), followed by 18-29 years (34.3%) and 46-61 years (22.2%).

The majority of referrals were from Medicine department 62 (57.4%), followed by E.N.T 28 (25.9%), Surgery 18 (16.7%). The most common reasons for the referral was decreased sleep 40 (37%), followed by appears anxious 30 (27.8%), appears depressed 17 (15.7%), foreign body sensation 12 (11.1%), mass moving in abdomen 9 (8.3%)(Table-1).

Table 1: Referring Departments & Reason for Referral

Variables	Category	Frequency (%)
Referring Department	Medicine	62 (57.4)
	E.N.T	28 (25.9)
	Surgery	18 (16.7)
Reasons for Referral	Decreased sleep	40 (37.0)
	Appears depressed	17 (15.7)
	Appears anxious	30 (27.8)
	Foreign body sensation	12 (11.1)
	Mass moving in abdomen	9 (8.3)

The most prevalent ICD-10 diagnosis was depressive episode 48 (44.4%), followed by anxiety disorder 30 (27.8%), somatoform disorder 21 (19.4%), and no diagnosis was made in 9 (8.3%) cases (Table-2).

Table 2: Psychiatric Diagnosis

ICD-10 Diagnosis	Frequency (%)
Depressive episode	48 (44.4)
Anxiety disorder	30 (27.8)
Somatoform disorder	21 (19.4)
No psychiatric diagnosis	9 (8.3)
Total	108 (100)

Among the referrals, depressive episode patients were referred only from Medicine department 77.4%. Anxiety disorders were referred more from E.N.T department 57.1% followed by Medicine department 22.6%. Somatoform disorders were referred 50% from Surgery department followed by E.N.T department 42.9%. There was no psychiatric diagnosis made in 9 patients referred from Surgery department. The data was statistically significant (p-0.001) (Table-3).

Table 3: Psychiatric Diagnosis Versus Referring Department

Referring department	ICD-10 Diagnosis	Frequency (%)	P value
Medicine	Depressive episode	48 (77.4)	<0.001
	Anxiety disorder	14 (22.6)	
	Total	62 (100)	
E.N.T	Anxiety disorder	16 (57.1)	
	Somatoform disorder	12 (42.9)	
	Total	28 (100)	
Surgery	Somatoform disorder	9 (50.0)	
	No psychiatric diagnosis	9 (50.0)	
	Total	18 (100)	

Among the 40 patients referred for decreased sleep 100% diagnosis of depressive episode was made. Among 17 patients referred for the reason appears depressed, 8 patients had depressive episode and in 9 patients no psychiatric diagnosis was made. Among 30 patients referred for appears anxious 100% diagnosis of anxiety disorder was made. Among the 12 patients referred for foreign body sensation 100% diagnosis of somatoform disorder was made and also among 9 patients referred for mass moving in abdomen 100% diagnosis of somatoform disorder was made. And the data was statistically significant (p-0.001)(Table-4).

Table 4: Psychiatric diagnosis versus Reasons for Referral

Reasons for referral	ICD-10 Diagnosis	Frequency (%)	P value
Decreased sleep	Depressive episode	40(100)	<0.001
Appears depressed	Depressive episode	8(47.1)	
	No psychiatric diagnosis	9(52.9)	
	Total	17 (100)	
Appears anxious	Anxiety disorder	30 (100)	
Foreign body sensation	Somatoform disorder	12 (100)	
Mass moving in abdomen	Somatoform disorder	9 (100)	

DISCUSSION:

Among 108 referred patients for C-L Psychiatry, the mean age of patients was 35.50 ± 10.89 years. This is in accordance with most of the study which showed the mean age in the range of 35 to 42 years.[11-13] There was a predominance of female patients than the male patients (62% vs. 38%) in our study which was in line with the study done by G. Suresh Kumar et al.[14] Similar results were noted in other studies.[15, 16] This may be because of a more help-seeking illness behavior in women.

In our study, when the sources of referrals were analyzed, it was found that majority of the referrals were from Medicine department 57.4%, followed by E.N.T 25.9%, Surgery 16.7%. This was in agreement with findings of previous studies.[17-19] This finding of higher prevalence of psychiatric referrals from medicine department may be because of higher number of patients with bodily symptoms with no medical explanation attending general medical outpatient department.

Among 108 referred patients in our study, 91.6% had psychiatric morbidity (depressive episode 44.4%, anxiety disorder 27.8%, somatoform disorder 19.4%) and 8.3% patients had no psychiatric diagnosis. Depressive episode was found to be the most common diagnosis among the patients referred to the Psychiatry department. Depressive episode in 48 patients were referred only from Medicine department. These findings are similar to previous studies done.[20,21] The reason for higher prevalence of depressed patients attending medicine department may be due to lack of knowledge regarding psychiatric illness or reluctance on the part of patients or families to visit psychiatrist due to stigma associated with psychiatry specialty. In around 9% of the cases, no psychiatric diagnosis could be made because they could not satisfy the ICD-10 criteria for any psychiatric disorder.

The most common reason for the psychiatric referrals in our study was decreased sleep 37%, followed by appears anxious 27.8%, appears depressed 15.7%, foreign body sensation 11.1%, mass moving in abdomen 8.3%. This finding with most common symptom of decreased sleep in 40 patients was referred only from Medicine department and the 100% diagnosis of Depression was made while among 17 patients referred for the reason appears depressed, 8 patients had depressive episode and in 9 patients no psychiatric diagnosis was made. And among 30 patients referred for appears anxious the diagnosis of anxiety disorder was

made while among the 12 patients referred for foreign body sensation the diagnosis of somatoform disorder was made and also among 9 patients referred for mass moving in abdomen the diagnosis of somatoform disorder was made. The data was statistically significant (p-0.001).Similar results were noted in other studies.[22]

CONCLUSION:

Our study illustrates the importance of consultation-liaison psychiatry through referral pattern from various out-patients departments in a tertiary care teaching hospital. Majority of referrals were from Medicine department andthe most common reason of referral was decreased sleep. The commonest diagnosis seen in the referred out-patients was depression followed by anxiety disorder and somatoform disorder. Thus the present study shows that the liaison psychiatry services to a general hospital can be associated with significant increase in the referral rate of patient from various medical and surgical departments. This study emphasizes that there must be more awareness and sensitization among healthcare providers regarding the need of psychiatric referrals. The co-occurrence of medical and psychological/psychiatric conditions is common, which demands timely identification and early interventions in order to reduce morbidity and mortality.

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